MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13		2				
14	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	27					
TOTAL CLAIMS	34					

		IND	DEP	IND	DEP	IND	DEP
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							